

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-035451

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 73

Primary Registration District No. 3014

Registrar's No. 107

FILED SEP 24 1963

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits give TOWNSHIP only)
OR TOWN

Liberty

Length of stay in 1b

3 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

343 Harrison

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

mo

b. COUNTY

Clay

c. CITY OR TOWN

Liberty

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS

(If outside give location)

343 Harrison

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

MABEL

C

Coston

4. DATE OF DEATH

Month

Day

Year

Sept

17

63

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

June 11-1886

9. AGE (last birthday)

77

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

✓

11. BIRTHPLACE (City and state or country)

Holt, mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Will matt R Chen

13b. MOTHER'S MAIDEN NAME

Mary Mollie Shouse

14. NAME OF HUSBAND OR WIFE

Chubrey H. Coston

15. WAS DECEASED EVER IN U.S. ARMED FORCE
(Yes, no, or unknown) (If yes, give war or dates)

no

17. INFORMANT

Helen Allen

Address

25 S. 19 mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Circulatory collapse

Interval between onset and death

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Acute Myocardial Deкомпensation

30 min

DUE TO (c)

Arteriosclerotic Heart Disease

20 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

None

PART III. If deceased was female was there a pregnancy in last 90 days:

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 3 to Sept 6, 1963 and last saw her alive on Sept 6, 1963
Death occurred at 8:30 p.m. on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Liberty, Missouri

22c. DATE SIGNED

9-18-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

9-20-63

23c. NAME OF CEMETERY OR CREMATOR

mt Olivet

23d. LOCATION (City, town, or county)

State

24. FUNERAL DIRECTOR

Address

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

27. DATE SIGNED

9-21-63

Church-Anderson Co. Liberty, mo.

Mabel Graham

(Licensee Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

1

2

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VS 300 Rev. 4/59

16003

26003

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94200

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1290-0

133-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John L. Linder
Licensed Embalmer No. 4448

P. O. Address Liberty Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.